

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

Date Received _____
Official Use Only

Please type or print in ink.

NAME OF FILER	(LAST)	(FIRST)	(MIDDLE)
Hawgood		Sam	

1. Office, Agency, or Court

Agency Name

CIRM

Division, Board, Department, District, if applicable

ICOC

Your Position

ICOC Member

► If filing for multiple positions, list below or on an attachment.

Agency: _____

Position: _____

2. Jurisdiction of Office (Check at least one box)

☒ State

☐ Judge (Statewide Jurisdiction)

☐ Multi-County _____

☐ County of _____

☐ City of _____

☐ Other _____

3. Type of Statement (Check at least one box)

☒ Annual: The period covered is January 1, 2010, through December 31, 2010.

-or-

The period covered is ____/____/____, through December 31, 2010.

☐ Leaving Office: Date Left ____/____/____
(Check one)

☐ The period covered is January 1, 2010, through the date of leaving office.

☐ The period covered is ____/____/____, through the date of leaving office.

☐ Assuming Office: Date ____/____/____

☐ Candidate: Election Year _____ Office sought, if different than Part 1: _____

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 2

☐ Schedule A-1 - Investments - schedule attached

☐ Schedule C - Income, Loans, & Business Positions - schedule attached

☐ Schedule A-2 - Investments - schedule attached

☐ Schedule D - Income - Gifts - schedule attached

☐ Schedule B - Real Property - schedule attached

☒ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

☐ None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS	STREET	CITY	STATE	ZIP CODE
(Business or Agency Address Recommended - Public Document)				

San Francisco

CA

DAYTIME TELEPHONE NUMBER

E-MAIL ADDRESS

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 3-30-11
(month, day, year)

Signature _____
(File the originally signed statement with your filing official.)

SCHEDULE E
Income – Gifts
Travel Payments, Advances,
and Reimbursements

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name Sam Hawgood

- **Reminder – you must mark the gift or income box.**
- **You are not required to report income from government agencies.**
- **You may mark the box 501(c)(3) for a travel payment received from a nonprofit 501(c)(3) organization. When the payment is a gift it is reportable but is not subject to the \$420 gift limit.**

▶ NAME OF SOURCE Royal Brisbane and Women's Hospital	
ADDRESS (Business Address Acceptable)	
CITY AND STATE Brisbane, Australia	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	<input type="checkbox"/> 501 (c)(3)
Health Care Symposium	
DATE(S): 10 / 11 / 10 - 10 / 14 / 10 AMT: \$ 6,008 (If applicable)	
TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input checked="" type="checkbox"/> Income	
DESCRIPTION: Airfare for speaking at and participating in the Health Care Symposium	

▶ NAME OF SOURCE Neonatal Society/Wessex Pediatric	
ADDRESS (Business Address Acceptable)	
CITY AND STATE London and Southampton, UK	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	<input type="checkbox"/> 501 (c)(3)
Health Care Meetings	
DATE(S): 11 / 23 / 10 - 12 / 1 / 10 AMT: \$ 1,576 (If applicable)	
TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input checked="" type="checkbox"/> Income	
DESCRIPTION: Airfare for speaking at and participating in health care meetings and receiving visiting professorship honor	

▶ NAME OF SOURCE	
ADDRESS (Business Address Acceptable)	
CITY AND STATE	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	<input type="checkbox"/> 501 (c)(3)
DATE(S): ____ / ____ / ____ - ____ / ____ / ____ AMT: \$ ____ (If applicable)	
TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income	
DESCRIPTION: _____	

▶ NAME OF SOURCE	
ADDRESS (Business Address Acceptable)	
CITY AND STATE	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	<input type="checkbox"/> 501 (c)(3)
DATE(S): ____ / ____ / ____ - ____ / ____ / ____ AMT: \$ ____ (If applicable)	
TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income	
DESCRIPTION: _____	

Comments: _____